

Permit No: \_\_\_\_\_

**Newton Fire Department**  
**1164 Centre Street**  
**Newton Centre, MA 02459**  
**Fire Prevention / Code Enforcement Division**  
**617.796.2230                      FAX 617.796.2239**

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**APPLICATION FOR PERMIT**

**To: HEAD OF NEWTON FIRE DEPARTMENT**

**Date:**\_\_\_\_\_

**Name:** \_\_\_\_\_

**License #**\_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Permit Type:** \_\_\_\_\_

**Requests Permission To:**

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**Location:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Fee Paid:** \_\_\_\_\_

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**Signature of Applicant**